

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

62

STATE FILE NUMBER

-62-003784

FILED JAN 11 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

ST. LOUIS, MISSOURI

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

BARNES HOSPITAL

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

COUNTY

c. CITY

OR  
TOWNST. LOUIS  
LITTLE FLOWER CONV. HOME

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

1500 S. 18TH ST

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

BENJAMIN

F.

GARVIN

4. DATE  
OF  
DEATH

Month

Day

Year

JANUARY

2

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

9/7/1878

## 9. AGE (last birthday)

83

## IF UNDER 1 YEAR

## IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RET. TRAFFIC MGR

## 10b. KIND OF BUSINESS OR INDUSTRY

WIRE ROPE

## 11. BIRTHPLACE (City and state or country)

ALTON, ILL

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

JAMES PAUL GARVIN

## 13b. MOTHER'S MAIDEN NAME

CEDELIA STRAIN

## 14. NAME OF HUSBAND OR WIFE

GERTRUDE S. GARVIN

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES SPAN-AMER

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

MRS. LILLIE GARVIN 2137 OAKDALE

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA

## INTERVAL BETWEEN ONSET AND DEATH

1 WEEK

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

491X

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

DIABETES MELLITUS. ARTERIOSCLEROTIC HEART DISEASE. CEREBRAL VASCULAR ARTERIOSCLEROSIS.

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from OCT. 18, 1924

to JAN. 2, 1962

and last saw her alive on JAN. 2, 1962

Death occurred at

1:05 P.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

C. D. Vermillion, M.D.

## 22b. ADDRESS

BARNES HOSPITAL

## 22c. DATE SIGNED

1/3/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

## 23b. DATE

1-4-62

## 23c. NAME OF CEMETERY OR CREMATORY

ALTON CEM

## 23d. LOCATION (City, town, or county)

ALTON

## (State)

ILL

## 24. FUNERAL DIRECTOR

## ADDRESS

C. R. Lupton &amp; Sons

## 25. DATE RECD. BY LOCAL REG.

JAN 3 1962

## 26. REGISTRAR'S SIGNATURE

L. Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clarence H. Burr

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.